Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			94				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			94 minus 20=		.74			X\$ 9=	596	OR	X\$18=	
INDEPENDENT CLAIMS			6 mir	nus 3 =	• /	3		X40=	120	OR	X80=	
MUL	TIPLE DEPEN	DENT CLAIM P	RESENT	_ /				+135=	-	OR	+270=	
* If the difference in column 1 is less that				than zero, enter "0" in column 2			Į	TOTAL	107	OR	TOTAL	
CLAIMS AS AMENDED - PART II								,			OTHER	
		(Column 1)		(Colu		(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A	ij 1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO I	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	5 01 4114	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUNPLE DEF	PENDEN	CLAIM		,	+135=		OR	+270=	
							1	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)			ADDIT. FEE	·		ADDI1.1 EE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON L	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL ALL	=	11	X40=		OR	X80=	
Ш	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		┚┃	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
1		(Column 1)		(Colu	mn 2)	(Column 3))					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
P P	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
MEI	Independent	•	Minus	•••		=		X40=		00	X80=	
\\ \ \delta\	FIRST PRESE	NTATION OF M	JLTIPLE DEPENDEN		T CLAIN		〕 ├	7.10-		OR		
	the optimizer and	mn 1 is loos than t	ha antre in est	ımn 2 wei	la "O" in a	olumn 3		+135=		OR	+270=	
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											